| Application or Docket Number |  |
|------------------------------|--|
|                              |  |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

|   |  |   |                                    |                                |                            |  |             |                                      |                        | <u> </u>      |                                 |                        |
|---|--|---|------------------------------------|--------------------------------|----------------------------|--|-------------|--------------------------------------|------------------------|---------------|---------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                    |                                |                            |  |             | SMALL EN                             | 1111Y<br>□             | OR            | OTHER<br>SMALL I                |                        |
| TC  | OTAL CLAIMS                                    |   | 19                                 |                                |                            |  | į           | RATE                                 | FEE                    | ]             | RATE                            | FEE                    |
| FO  | nR   |   | NUMBER F                           | ILED                           | NUMBI                      | ER EXTRA                               |             | BASIC FEE                            | 385.00                 | OR            | BASIC FEE                       | 770.00                 |
| TOTAL CHARGEABLE CLAIMS \Q mir  |  |   |                                    | us 20=                         | * (                        | )                                      |             | X\$ 9=                               |                        | OR            | X\$18=                          |                        |
| IND   | EPENDENT CL                                    | AIMS  |                                    | nus 3 =                        | * /                        |  |             | X43=                                 |                        | 1 1           | X86=                            |                        |
| <u> </u>  |  | DENT CLAIM PE   |                                    |                                |                            |  | ŀ           |                                      |                        | OR            |                                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                                    |                                |                            |  | į           | +145=                                |                        | OR            | +290=                           |                        |
| * If  |  |   |                                    |                                |                            | oiumn 2                                | •           | TOTAL                                |                        | OR            | TOTAL                           | 770                    |
|   | CI   | LAIMS AS A<br>(Column 1)  | MENDED                             | - PAR'                         |                            | (Column 3)                             |             | SMALL 8                              | ENTITY                 | OR            | OTHER<br>SMALL E                |                        |
|   |  | CLAIMS  |                                    | HIGH                           | EST                        |  | ſ           |                                      | ADDI-                  |               |                                 | ADDI-                  |
| ENT A   |  | REMAINING<br>AFTER<br>AMENDMENT   |                                    | NUME<br>PREVIC<br>PAID I       | BER<br>OUSLY               | PRESENT<br>EXTRA                       |             | RATE<br>·                            | TIONAL<br>FEE          |               | RATE                            | TIONAL<br>FEE          |
| <b>AMENDMENT</b>  | Total  | *   | Minus                              | **                             |                            | =                                      |             | X\$ 9=                               |                        | OR            | X\$18=                          |                        |
| \ME!  | Independent                                    | *   | Minus                              | ***                            |                            | =                                      | Ì           | X43=                                 |                        | OR            | X86=                            |                        |
|   | FIRST PRESE                                    | NTATION OF MU   | JLTIPLE DEP                        | PENDENT                        | CLAIM                      |  | ł           | +145=                                |                        |               | +290=                           |                        |
|   |  |   |                                    |                                |                            |  | L           | +145=<br>TOTAL                       |                        | OR            | TOTAL                           |                        |
|   |  |   |                                    |                                |                            |  |             | ADDIT. FEE                           |                        | OR            | ADDIT. FEE                      | L                      |
|   |  | (Column 1)  |                                    | (Colur                         |                            | (Column 3)                             |             |                                      |                        |               |                                 |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT  |                                    | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY               | PRESENT<br>EXTRA                       |             | RATE                                 | ADDI-<br>TIONAL<br>FEE |               | RATE                            | ADDI-<br>TIONAL<br>FEE |
| IDME  | Total  | *   | Minus                              | **                             |                            | =                                      |             | · X\$ 9=                             |                        | OR            | X\$18=                          |                        |
| MEN   | Independent                                    | *   | Minus                              | ***                            |                            | =                                      | <b>    </b> | X43=                                 |                        | OR            | X86=                            |                        |
| $^{\checkmark}$   | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |   |                                    |                                | CLAIM                      |  | 1 }         | -                                    |                        |               |                                 |                        |
|   |  |   |                                    |                                |                            |  |             | +145=                                |                        | OR            |                                 | <u> </u>               |
|   |  |   |                                    |                                |                            |  | -           | TOTAL<br>ADDIT. FEE                  |                        | OR            | TOTAL<br>ADDIT. FEE             |                        |
|   |  | (Column_1)  | <del></del>                        | (Colur                         |                            | (Column 3)                             | 1           |                                      |                        |               |                                 |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                    | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>OUSLY               | PRESENT<br>EXTRA                       |             | RATE                                 | ADDI-<br>TIONAL<br>FEE |               | RATE                            | ADDI-<br>TIONAL<br>FEE |
| MON   | Total  | *   | Minus                              | **                             |                            | =                                      |             | X\$ 9=                               |                        | OR :          | X\$18=                          |                        |
| \ME   | Independent                                    | *   | Minus                              | ***                            |                            | =                                      |             | X43=                                 |                        | OR.           | X86=                            |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                |                            |  | 1           |                                      |                        |               | 1200-                           |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                    |                                |                            |  |             | +145=                                |                        | OR            | +290=                           | <b></b>                |
| **  | If the "Highest Nui<br>"If the "Highest Nu     | mn. I is less than to<br>mber Previously Pa<br>mber Previously Pa<br>mber Previously Pa | aid For" IN THI<br>aid For" IN THI | S SPACE I                      | is less tha<br>is less tha | in 20, enter "20."<br>an 3, enter "3." | ·           | TOTAL<br>ADDIT. FEE<br>and in the ap | propriate bo           | OR<br>x in co | TOTAL<br>ADDIT. FEE<br>olumn 1. | <b></b>                |
|   |  |   | ,                                  | ,                              |                            | <del>-</del>                           |             | •                                    |                        |               |                                 |                        |